Experience Introducing Thermal Ablation at Country Level

Thermal Ablation: Recommendations for Secondary Prevention

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John E. Varallo, MD, MPH, FACOG
Global Director Safe Surgery, Jhpiego
Outline: Practical Considerations for Implementation

- Countries – background
- Treatment Algorithms
- Training
- Thermal Ablation – the procedure
- Lessons learned
Countries

- Leveraging foundation of see and treat: VIA/Cryotherapy/LEEP
- Transitioning cryotherapy to thermal ablation
- Using both direct electrical source (desktop) and battery operated (handheld) thermal ablation equipment
- Wide range of providers – mostly nurses
Rationale for switching from Cryotherapy

- Emerging evidence behind use of thermal ablation
- Challenges with regular supply of gas/cost
- Transport of gas – to clinics and use on mobile clinics (size of cylinders)
- Breakdown of cryotherapy machines

➢ Negative impact on single-visit approach (SVA) and reaching target of >90% treatment
Screen and Treat Approach: Women aged 30 – 50 years
VIA, Digital Cervicography (DC), or hrHPV followed by VIA/DC
(integrate into RH and HIV services)

- VIA/DC +, or hrHPV+
  - Eligible for ablative treatment
    - Cryotherapy or Thermal Ablation
  - Large Lesion, not eligible for ablative treatment
    - LEEP (Loop Electrosurgical Excision Procedure)
  - Suspicious for Cancer
    - Refer for biopsy/management
Eligibility Criteria for Thermal Ablation (very similar to cryotherapy)

- VIA/DC positive; hrHPV positive followed by VIA/DC
- Lesion not suspicious for cancer
- Can see the entire extent of the lesion; lesion does not extend into the endocervical canal
- Lesion occupies <75% of the cervix
- No anatomical deformity of the cervix that prevents good application of thermo-probe tip
- Client is not pregnant
- Client is more than 6 weeks postpartum
- Client does not have cervicitis
Training

- Competency-based training
  - 2 days
    - 1 day didactic
    - 1 day clinical practice
  - Followed by 3 days outreach services

- Participants: Clinicians and nurses with VIA and cryotherapy skills
Technique: Thermal Ablation

- Outpatient – clinic/mobile clinic
- Confirm **not pregnant**
- Obtain **informed consent**
- No anesthesia required
- **Perform** visual inspection (**VIA**) confirm presence, size, location of lesion (eligibility for thermal ablation)
- Apply **heated probe (100 – 120°C)** to cervix to cover lesion and transformation zone
- Treat for **45 seconds** (minimum of 20-30s)
- **Repeat as needed** (up to 5x) to cover entire lesion and transformation zone (overlapping treatments)
- **Review post-treatment instructions and follow-up**

Immediately post-thermal ablation
Infection Prevention and Control

- Detach thermo-probe from handle
- Clean/wipe down handle with alcohol
- Clean probe and shaft (soapy water, soft brush/gauze)
- **Heat sterilize/autoclave** – desktop probes
- **Chemical HLD (20 mins)** or sterilization – handheld probes
- Rinse with sterile water and dry with sterile cloth
- Cover and store for next treatment
Lessons Learned

- Easy to learn and to perform (easier than cryotherapy)
- More portable than cryotherapy
- More reliable than cryotherapy (procurement, transport of gas; maintenance of units)
- Highly acceptable to clients and providers
  - Clients report little discomfort
  - Less complaints of vaginal discharge following treatment

Provider
“Excellent tool – easier to use than cryotherapy machine”

Provider
“I wish the Govt. would consider using this treatment machine all over the country”
Lessons Learned cont.

- Can readily be incorporated into screen-and-treat programs, including SVA
- Can perform biopsies before treatment (if needed)
- Potential to treat some lesions that extend beyond cryotherapy tip (avoiding referral for LEEP)
- Power source: direct electrical (desktop) vs. battery (handheld)
  - **Electrical**: desktop, but variety of tips/thermo-probes
  - **Battery/dual-source**: portability/mobile clinics; reportedly lasts for 20 treatments/day x 7 days
Thermal Ablation is an attractive alternative to cryotherapy for treatment of precancerous cervical lesions – potentially for treatment of large lesions.

A foundation of VIA/Cryotherapy allows easy transition to Thermal Ablation.
Thank You